

## REQUIREMENTS FOR LICENSURE - LANDSCAPE ARCHITECT

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

### REQUIREMENTS

1. Possess the proper education and/or experience as contained below; and
2. Pass the CLARB exam (L.A.R.E.) or a similar licensing exam or document 15 years of experience in responsible charge; AND
3. Pass the board-produced landscape architectural licensing exam (Hawaiian Plant Materials).

### PATHWAYS

There are two basic pathways to licensure:

1. If you are already licensed in another state (license is current and valid), you will be seeking licensure via endorsement.
  2. If you are NOT licensed in any other state, you will be seeking licensure via exam.
- On page 1 of the application form, please indicate which pathway (1a, 1b, or 2) for licensure you are taking.

### MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

EDUCATION LEVEL	LAWFUL EXPERIENCE	EXAMINATIONS	
1. Master's or higher degree in landscape architecture from an approved institution and graduate of a 4-year landscape architectural curriculum from an approved school or college, <b>AND</b>	2 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
2. Graduate of a 4-year landscape architectural curriculum from an approved school or college, <b>AND</b>	3 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
3. Graduate of a 4-year pre-landscape architectural or arts and science curriculum from an approved school or college, <b>AND</b>	5 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
4. No Degree	12 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

\* Option of 15 years of experience in Responsible Charge is only applicable to Licensure via Endorsement.

### FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges **must have their foreign education evaluated** if they wish to have their college degree(s) considered.

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "*Application for Evaluation of Foreign Educational Credentials*". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). Request a general report. Applications are also available on the internet at [www.ece.org](http://www.ece.org).

Reports are prepared by ECE and a copy is usually sent to us within 4 - 6 weeks following receipt of all required documents.

### VERIFICATION OF EXPERIENCE

Applicants are required to document his/her education and experience. However, your level of education and pathway for licensure will dictate the type of verification you will need to submit. Refer to the listing below for ways to provide evidence of your experience. (Note: If you need to sit for an exam, all experience must be completed by the filing deadline of the examination date you are requesting.):

1. Lawful experience under the supervision of a licensed landscape architect(s):  
You must have the enclosed forms *EAS-16, "Verification of supervision"* completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience **directly** to the Board.
2. Experience in responsible charge (for licensure via endorsement):  
You must have the enclosed form *EAS-11* completed. Please note that experience in responsible charge will be credited in the ratio of 2:1 of the required lawful experience.
3. Combination of #1 and #2 above.

(CONTINUED ON BACK)

## EXAMINATION

### Applicants for licensure via endorsement:

Verification of your examination and exam scores must be accomplished. Send the "*Verification of Exam/License*" form S-1 to the state in which you were ORIGINALLY LICENSED BY EXAMINATION with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license.

If you wish to have the CLARB exam waived, you will need to have a licensed landscape architect complete the "*Verification of Experience in Responsible Charge*" form.

### Applicants for licensure via the CLARB exam:

Upon approval of your application, you will be scheduled to sit for the CLARB exam (L.A.R.E.) and provided further information and instruction regarding payment for the CLARB exam. In Hawaii, the CLARB exam is administered twice a year in June and December and only on Oahu. The filing deadline is March 10<sup>th</sup> and September 10<sup>th</sup> (C & E only). Information regarding the examination is available from the Council of Landscape Architectural Registration Boards at [www.clarb.org](http://www.clarb.org).

Written notice to postpone or withdraw from taking the exam must reach the Board's office at least **60 days** prior to the first day of the examination. Requests for postponements shall result in the application of your examination and administration fees to the next scheduled examination. Requests for withdrawal shall result in a refund of your examination and administration fees.

Failure to provide written notice to postpone or withdraw from the examination within the period stated above shall result in the **forfeiture of your examination fee and administration fees.**

### The Board-produced landscape architectural licensing exam:

- The board-produced exam is given with the CLARB exam. Filing deadline: March 10<sup>th</sup> and September 10<sup>th</sup>.
- The board-produced exam is also offered monthly usually on all islands following the Miscellaneous exam schedule. However, neighbor island administration (particularly Kona) is not guaranteed. If you wish to take the board-produced exam on a neighbor island, **call the Exam Branch at (808) 586-2711 to confirm that the exam will be offered for the exam date requested.** Filing Deadline: the 25<sup>th</sup> day of the month prior to the exam.

If you require special accommodations to sit for the licensure examination, please contact the Exam Branch immediately, but no later than the exam filing deadline, at (808) 586-2711 to obtain a *Disability Certification* Form that will need to be completed and returned to our office. No action will be taken to provide special testing accommodations until your exam application is complete and approved.

## SUBMITTALS

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed landscape architect other than yourself); and
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college or ECE report (if you are a graduate of a foreign college); **AND**
3. "*Verification(s) of Supervision*" form completed by your supervisor(s), who is a licensed landscape architect and/or "*Experience in Responsible Charge*" form from a licensed landscape architect.
4. "*Verification of Exam/License*" form from another state board.
5. **A Non-refundable application fee of \$75 made payable to Commerce & Consumer Affairs.**

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

## INFORMATION & INSTRUCTIONS – LANDSCAPE ARCHITECT

Complete the attached form using a typewriter or print in black ink. Answer all questions and sign and date the application form. **Applications that lack supporting documents required for exam or licensure will not be considered.** It is the applicant's responsibility to ensure that all documents are received timely.

### REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai:	274-3141 ext. 6-3000	Maui:	984-2400 ext. 6-3000
Hawaii:	974-4000 ext. 6-3000	Molokai:	1-800-468-4644 ext. 6-3000
Lanai:	1-800-468-4644 ext. 6-3000		

Information can also be obtained from the Professional & Vocational Licensing Division web site: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl).

### FEES

Make checks payable to: **COMMERCE & CONSUMER AFFAIRS** (unless otherwise noted).

Note: One of the requirements that must be met is the payment of fees as set forth in this application. You may be sent a registration or license certificate before the check you submitted for your required fees clear your bank. If the check is returned to the DCCA unpaid, you will have failed to pay the required fees and your registration or license will not be valid, and you may not conduct business under that registration or license. Also, a \$15.00 service fee will be charged for checks which are not cleared and subsequently returned from the bank.

### RETURN OF REQUIRED ITEMS

Mailing Address:  
Board of EASLA  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

Office location eff. 11/28/03:  
335 Merchant St., Rm. 301  
Honolulu, HI 96813

### RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

### ABANDONMENT

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

### LAWS & RULES PUBLICATIONS

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. The laws and rules are available free of charge from our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Look under "Engineer, Architect, Surveyor and Landscape Architect".

For Landscape Architects, you should be familiar with Chapter 464, (HRS), Chapter 115, (HAR), and Chapter 436B, the Professional and Vocational Licensing Act.

## **LICENSURE & RENEWAL**

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Landscape Architects, all licenses (regardless of issuance date) will expire on **April 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

## **CHANGE OF ADDRESS**

Whenever you have a change of address, please report it to the department in writing so that your records can be updated.

APPLICATION FOR LICENSURE – LANDSCAPE ARCHITECT

State of Hawaii Board of Engineers, Architects, Land Surveyors & Landscape Architects

Indicate the type of application you are making at this time:  
(Place a checkmark next to your pathway to licensure and circle your education level)

#1 Endorsement  
Licensed in \_\_\_\_\_ (State)  
License No. \_\_\_\_\_  
Education Level: 1 2 3 4  
a. \_\_\_ with CLARB exam  
Passed CLARB exam in \_\_\_\_\_ (State) on \_\_\_\_\_ (Date)  
b. \_\_\_ without CLARB exam

#2 Via CLARB exams.  
Education Level: 1 2 3 4

Legal Name (First, Middle) \_\_\_\_\_ (LAST) \_\_\_\_\_

Residence Address (Include Apt. No., City, State & Zip Code) \_\_\_\_\_  
Mailing Address (ONLY if different from above) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone No. (days) \_\_\_\_\_

Employer's Name. Address & Phone No. \_\_\_\_\_

Approved: CLARB \_\_\_\_\_ STATE \_\_\_\_\_

Passed: CLARB \_\_\_\_\_ STATE \_\_\_\_\_

License No. \_\_\_\_\_ Date Licensed: \_\_\_\_\_  
LA – \_\_\_\_\_

FOR BOARD USE ONLY

Other Names used: \_\_\_\_\_

Indicate exam date applying for:  
CLARB: \_\_\_\_\_ June \_\_\_\_\_ December (C & E Only) \_\_\_\_\_  
Hawaii Plant Materials: Month \_\_\_\_\_

Circle or underline answers.

(1)	Are you at least 18 years of age? .....	YES	NO
(2)	Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....	YES	NO
(3)	Have you ever applied for or been licensed as a Landscape Architect in Hawaii? ..... If "YES" indicate the MONTH and YEAR: _____ or License Number: _____	YES	NO
(4)	In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? .....	YES	NO
(5)	Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....	YES	NO
(6)	Are there any disciplinary actions pending against you? .....	YES	NO

EXPLAIN 'YES' RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION  
ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS

EDUCATION  Indicate if School of L. Arch. with university & clarify Degree, as "B in L. Arch."	Name & Location of School	Dates (Mo/Yr)		Date Graduated	Degree Received	Technical Course
		From	To			
	College/University ----- Other College/University -----					

(CONTINUED ON BACK)

**EXPERIENCE RECORD.** (You may attach additional sheets provided that the information is in this format)

ENGAGEMENT NUMBER	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. <i>Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude &amp; complexity of work on which engaged, your duties &amp; degree of responsibility. Have in mind that the Examining Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.</i>	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	LICENSED LANDSCAPE ARCHITECT?
				SUMMARY (By Applicant) TOTAL EXPERIENCE		
				SUMMARY (By Board)		

**AFFIDAVIT OF APPLICANT:**

I, the person named on this application, being first duly sworn, do depose and say: That I have read this application and know the contents thereof and that, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith. I also certify that I have read, understand, and agree to comply with the laws and rules that the board determines are required for licensure.

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Date \_\_\_\_\_

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

## VERIFICATION OF SUPERVISION - LANDSCAPE ARCHITECTS

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed landscape architect(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

Name of Applicant:	Name of Supervisor:	
Name of Employer:	Address of Supervisor:	
1. The applicant worked under my supervision from _____ to _____. Total Yrs _____ Mos _____.		
2. During the time indicated above, I was licensed as a:		
a. <input type="checkbox"/> <b>Landscape Architect</b> Certificate No. _____ Date of Licensure _____ State _____		
b. <input type="checkbox"/> <b>Other Profession of Licensure</b> Certificate No. _____ Date of Licensure _____ State _____		
3. What was the scope of your supervision?		
4. Please describe specific assignments given to applicant on projects while under your supervision:		
5. Other comments regarding the applicant:		

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge; and the statements given regarding myself are true and correct.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

# VERIFICATION OF EXPERIENCE IN RESPONSIBLE CHARGE – LANDSCAPE ARCHITECT

State of Hawaii, Board of Engineers, Architects, Surveyors & Landscape Architects.

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

The applicant named below has applied for licensure by endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules allow an applicant to qualify for licensure on the basis of experience in responsible charge. To verify this period of experience, this form shall be completed by a licensed landscape architect and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

NAME OF APPLICANT:		NAME OF LICENSED LANDSCAPE ARCHITECT:
FROM	TO	DESCRIPTION OF LANDSCAPE ARCHITECTURAL WORK

I hereby certify that I have knowledge of the applicant's landscape architectural experience as stated above in which the applicant was in responsible charge of the landscape architecture work.

\_\_\_\_\_  
Signature of Licensed Landscape Architect

\_\_\_\_\_  
License No. \_\_\_\_\_ State of \_\_\_\_\_ Licensure \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_



VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS

State of Hawaii  
Board of EASLA

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

A P P L I C A N T	APPLICANT: Complete top of this page and forward to ORIGINAL state of license.			
	Name (First, Middle)		(LAST)	Other Names used:
	Address (Include apt. no., city, state and zip code)			Social Security No.
				Phone No.
				Circle type of License Held:
	License No.	Date Issued	PE      ARCH      LAND ARCH      LAND SURVEYOR	
I hereby authorize the licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.				
Date _____ SIGN HERE: _____				

PART II - FOR STATE BOARD ONLY TO COMPLETE						
The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your board seal and mail directly to: BOARD OF EASLA DCCA, PVL LICENSING BRANCH P.O. BOX 3469 HONOLULU, HI 96801						
Certificate Number Date Issued Valid Until Date Applied	PROFESSIONAL ENGINEER	ENGINEER IN TRAINING	ARCHITECT	LANDSCAPE ARCHITECT	LAND SURVEYOR	CURRENT & GOOD STANDING  [ ] License is in good standing.  [ ] If any pending action or past sanctions, please explain on reverse side.
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
EIT accepted from (name of states):			Indicate <u>DISCIPLINE OF ENGINEERING</u> examined in (Use "NA" if not applicable):			
Examination Subjects		No. of Hours	Grade Obtained	Passing Grade Required	Month & Year Passed	Uniform NCEES, NCARB or CLARB exam?

BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

BOARD SEAL  
(if none, please state none)